

CHILD AND ADOLESCENT SERVICES

CA.1

A designed process exists to assure that all individuals responsible for the assessment and /or treatment of children or adolescents are competent.

CA.1.1 The process for granting clinical privileges for members of the professional staff includes consideration of the ages of individual served (in accordance with PO.3 and PO.3.7.2).

CA.1.2 For individuals without clinical privileges who have some responsibility for the assessment, treatment, or continuing care of individuals served, the job descriptions and periodic performance appraisals address the ages of individuals served.

CA. 1.3 The process for granting clinical privileges and/or appraising those without clinical privileges takes into account the individual's

CA.1.3.1 ability to obtain and interpret information in terms of the needs of individuals served;

CA.1.3.2 knowledge of growth and development; and

CA.1.3.3 understanding of the range of treatment needed by individuals served.

CA.2

The rights of infants, children, and adolescents are respected, in accordance with standards in "Patient Rights" and "Special Treatment Procedures" Chapters of this manual.

CA.2.1 The facility has a written plan or policies for resolving conflicts that arise between a child or adolescent served and the individual's family and/or guardian concerning his/her care.

CA.3

When treatment separates the child or adolescent from normal daily living experiences for a significant period of time, the needs of the individual served for daily living activities are provided for in the physical and social environment.

CA.3.1 The physical environment is designed to encourage its use and provide comfort and security.

CA.3.1.1 The facility's system, designed to provide a safe environment (refer to PL.2.2), includes special attention to hazards related to the ages of individuals served.

CA.3.1.1.1 Chute doors in areas in which children and adolescents are served are designed to prevent accidental entrance.

CA.3.2 Provisions are made in the social environment for

CA.3.2.1 play appropriate to the age and development of individuals served;

CA.3.2.2 peer and group interactions;

CA.3.2.3 minimization of the intrusion of the institutional environment on normal daily living activities; and

CA.3.2.4 educational activities.

CA.3.3 Needed services are provided either directly or through referral, consultation, or contractual arrangements and/or agreements.

CA.3.3.1 The referral of individuals served to services provided through referral, consultation, or contractual arrangements and/or agreements is documented.

CA.3.4 Furniture and equipment used are appropriate to the age, size, and developmental needs of individuals served.

CA.4

Whenever services are provided to a child or adolescent, a mechanism exists for coordinating and facilitating the family's and/or guardian's involvement throughout treatment.

CA.4.1 At a minimum this mechanism is designed to

CA.4.1.1 involve the family or guardian in the assessment, treatment, and continuing care of the individual served; and

CA.4.1.2 aid the family in coping with illnesses that are particularly traumatic because of their duration, severity, or effect on the physical or psychological development of the individual served.

CA.5

The clinical record of a child or adolescent receiving inpatient, residential, partial-hospitalization, continuing outpatient, or home care includes the information listed in CA.5.1.1 through CA.5.1.6.5

CA.5.1 The clinical record includes

CA.5.1.1 the parent's or guardian's report of the immunization status of the individual served;

CA.5.1.2 a psychosocial assessment of the individual served and his/her family, including

CA.5.1.2.1 an evaluation of the effect of the family and/or guardian on the condition of the individual served and the effect of that condition on the family and/or guardian, and

CA.5.2.1.2 a summary of the psychosocial needs of the individual served;

CA.5.1.3 an evaluation of the individual's

CA.5.1.3.1 legal custody status when applicable;

CA.5.1.3.2 growth and development, including physical, emotional, cognitive, educational, nutritional, and social development, and

CA.5.1.3.3 play and daily activities needs:

CA.5.1.4 the family's and/or guardian's expectations for, and involvement in the assessment, treatment, and continuing care of the individual served.

CA.5.1.5 a summary integrating the information listed in CA.5.1.2 through CA.5.1.4; and

CA.5.1.6 in inpatient and residential programs, the physical health assessment in accordance with AD.1 through AD.2.1.2 in the "Adult Mental Health Services" chapter of this manual, includes evaluation of the following:

CA.5.1.6.1 motor development and functioning,

CA.5.1.6.2 sensorimotor functioning,

CA.5.1.6.3 speech, hearing, and language functioning,

CA.5.1.6.4 visual functioning, and

CA.5.1.6.5 immunization status.

CA.5.1.6.5.1 If immunization of the individual served is not complete according to the Report of the Committee on Infectious Diseases

of the American Academy of Pediatrics, the organization or program completes the immunizations.

CA.6

For each child and adolescent served, a written, comprehensive, and individualized treatment plan exists.

CA.6.1 The treatment plan is based on the problems, needs, and strengths identified in the assessments.

CA.6.1.1 The perception of his/her needs, and, when appropriate and available, the family's or guardian's perception of his/her needs are documented.

CA.6.2 When appropriate, participation by the individual served in development of his/her treatment plan is sought and documented.

CA.6.3 The treatment plan is periodically reviewed, based on an assessment of the current clinical problems, needs, and responses to treatment of individuals served.

CA.6.4 The treatment plan states specific objectives relating to goals identified in the assessment process.

CA.6.3.1 the review is conducted

CA.6.3.1.1 when major clinical changes occur; and

CA.6.3.1.2 at specified regular times that are related to the treatment of individuals served.

CA.7

The organization has a policy designed to promote access to appropriate educational services for each child or adolescent served when the treatment intervention necessitates a significant absence from school.

CA.7.1 The educational services are designed to meet the child's or adolescent's treatment needs and to provide educational continuity.

CA.8

Whenever a child or adolescent is transferred from one setting to another (for example, intraorganization, interorganization, or discharge) the individual's need for continuing treatment, continuing education, and support for normal development is assessed.

CA.8.1 When a need is identified, available resources are determined, referrals are recommended, and the transfer of the child or adolescent to other appropriate programs is facilitated